


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90019 031 \*\*\*150.00

**DOCUMENT # P01000017417**

1. Entity Name  
**A1 & COMPANY, INC.**



Principal Place of Business 2450 SW 137TH AVE SUITE 234 MIAMI, FL 33175	Mailing Address 2450 SW 137TH AVE SUITE 234 MIAMI, FL 33175
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2. Principal Place of Business <i>1200 Brickell Ave</i>	3. Mailing Address <i>1200 Brickell Ave</i>
Suite, Apt. #, etc. <i>Ste 860</i>	Suite, Apt. #, etc. <i>Ste 860</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33131</i> Country	Zip <i>33131</i> Country



01042006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1094140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 2450 SW 137TH AVE SUITE 234 MIAMI, FL 33125	7. Name and Address of New Registered Agent Name <i>Peter m. Lopez, PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>1200 Brickell Ave.</i> <i>Ste 860</i> City <i>Miami</i> FL Zip Code <i>33131</i>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBANO, DOMENICO 540 BRICKELL KEY DR # 1213 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Director Date *1/30/06*